

## • PRIVACY ACT RELEASE • Office of Senator Max Baucus

In compliance with the Privacy Act, I have authorized Senator Max Baucus and/or his staff to act in my behalf. I am requesting that all records and information pertaining to my concern/problem be released to him.

			Spouse/Other Signature (relationship)								
			Date		· · · · · · · · · · · · · · · · · · ·						
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Name (please print)					Service Branch of Military						
Spouse/Other Name (please print)					Date/Rank When Discharged						
Address					IRS Records for which Tax Years						
City, Zip					SSA/Medicare/CSA/VA/OWCP/INS/Taxpayer ID						
Home Phone Work Phone					Date of Birth						
Please explain co	ncern/p	proble	m here	e:		•		· · · · · · · · · · · · · · · · · · ·			
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(please use back of form if necessary)